

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # N45654

1. Entity Name
**TIP TOP VILLAGE MOBILE HOME OWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**14600 S TAMiami TR
LOT 100
FT MYERS, FL 33912 US**

Mailing Address
**14600 S TAMiami TR
LOT 100
FT MYERS, FL 33912 US**



DO NOT WRITE IN THIS SPACE

04232005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3090774

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAAS, CONNIE
14600 S. TAMiami TR.
LOT 100
FT MYERS, FL 33912**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DOSS, ROBERT
14600 S TAMiami TRAIL LOT 100
FORT MYERS, FL 339125**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
MEERS, PERRI
14600 S TAMiami TRAIL LOT 94
FT. MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
HAAS, CONNIE
14600 S TAMiami TRAIL LOT 100
FORT MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
COUNTS, JOYCE D
14600 S. TAMIAM TR LOT 97
FORT MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000341239
04/29/05-80007-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Connie Haas

Connie Haas

4-23-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #